1	Name and Address of Recipient:	1	7	Fund Type:
	Agency Name Adair Co	unty		State
	Street Address 1204 Gre	ensburg Street		
	City, State Zip Columbia	a, KY 42728		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Z (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	l su	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		
	, , , ,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$46,180.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	MA.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		,
1	1			

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Allen Co	ounty		State
	Street Address 570 Oliv	er Street		
	City, State Zip Scottsvil	le, KY 42164		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- × × × × × × × × × × × × × × × × × × ×	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	337	1	
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$52,653.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	um	
6	Period of Award:	O' Eddoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Ballard C	County		State
	Street Address 3465 Pad	ucah Road		
	City, State Zip Barlow, F	XY 42024		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$24,136.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITE	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• ` `	Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Barboury	ville Independent		State
	Street Address 140 Scho	ool Street		
	City, State Zip Barboury	ville, KY 40906		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346	4 -	Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7 _	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J - ( ( , ' -		Other
4	Grant Authority (Source):			-
•	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	of Eddin, 54 CTR EDGINT and 11,75,00,		
5	Award Amount: \$11,624.00	Kentucky Depar	11	Evaluations:
		of Education		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	1	1
13	•	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
				*
14	Authorized By (Name/Title): I	,		Date: September 20, 2013
1	I	Division of Consolidated Plans and Audits		
	_	51 vision of Comsonated Flans and Fladits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Barren C	County		State
	Street Address 202 W W	Vashington St		
	City, State Zip Glasgow	, KY 42141		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ^-		Other
4	Grant Authority (Source):	347	1	
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$84,860.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITTLE STATE	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Bath Cou	ınty		State
	Street Address 405 Wes	t Main Street		
	City, State Zip Owingsv	ille, KY 40360		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$37,457.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urs	
6	Period of Award:	O' Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Bell Cou	nty		State
	Street Address 211 Virg	inia Avenue		
	City, State Zip Pineville	, KY 40977		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$51,646.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	100	
6	Period of Award:	OT EGGGGGG	1111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Berea Ind	lependent		State
	Street Address 3 Pirate P	Pkwy		
	City, State Zip Berea, K	Y 40403		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT		Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$19,676.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	MA.	
6	Period of Award:	OI Eddoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• ` ` ` ` `	Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Breathitt	County		State
	Street Address 420 Cour	rt Street		
	City, State Zip Jackson,	KY 41339		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		( ( A -		Other
4	Grant Authority (Source):	347		
	• ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$36,766.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	100	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Brecking	idge County		State
	Street Address 86 Airpo	rt Road		
	City, State Zip Hardinsb	ourg, KY 40143		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J - ( ( , ' -		Other
4	Grant Authority (Source):			-
•		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	of Estri, 54 CTR Eboric Tarts 11,75,00,		
5	Award Amount: \$49,357.00	Kentucky Depar	11	Evaluations:
	4 17 ,000	of Education		
6	Period of Award:	OI Educatio	211	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	1	1
13	-	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
	•			*
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		Date: September 20, 2013
1	I	Division of Consolidated Plans and Audits		
	1	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Butler Co	ounty		State
	Street Address 203 North	h Tyler Street		
	City, State Zip Morganto	own, KY 42261		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ~-		Other
4	Grant Authority (Source):	327	1	_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$38,503.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urb.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
- •		Division of Consolidated Plans and Audits		25, 25, 25, 25, 25, 25, 25, 25, 25, 25,
	1			

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Caldwell	County		State
	Street Address 612 W W	Vashington		
	City, State Zip Princeton	n, KY 42445		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V »	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	The state of the s		Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337	1	
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$35,779.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	um	
6	Period of Award:	O' Edudatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	<b>Special Instructions/Conditions</b>	: The final Federal Cash Request must be su	ıbmit	tted by December 10, 2015.
				D
14	• ` ` '	Donna Tackett, Director		Date: September 20, 2013
	1	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	1	7	Fund Type:
	Agency Name Calloway	County		State
	Street Address 2110 Col	lege Farm Road		
	City, State Zip Murray, I	KY 42071		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	22.7		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$57,744.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urb.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Campbel	lsville Independent		State
	Street Address 136 S Co	olumbia		
	City, State Zip Campbel	lsville, KY 42718		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	II	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	3.37		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$20,248.00	Kentucky Depar	11	<b>Evaluations:</b>
	ŕ	of Education	LPS:	
6	Period of Award:	OF EddCatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	u <mark>bmi</mark> t	tted by December 10, 2015.
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Carlisle C	County		State
	Street Address 4557 Sta	te Rt 1377		
	City, State Zip Bardwell	, KY 42023		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$14,407.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LPS:	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Carroll C			State
	Street Address 813 Haw	kins Street		
	City, State Zip Carrollot	on, KY 41008		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- × × × × × × × × × × × × × × × × × × ×	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$33,786.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urs	
6	Period of Award:	OT EGGGGGG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Carter Co	ounty		State
	Street Address 228 S Car	rol Malone Blvd		
	City, State Zip Grayson,	KY 41143		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	١.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
-	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	or Eberi, 5 i or it Eb or it ruits 71,75,00,		
5	Award Amount: \$84,031.00	Kentucky Depar	11	<b>Evaluations:</b>
	. ,	of Education		
6	Period of Award:	OFEGUCATIO	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	:: N/A		•
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	_	<u> </u>		·
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Oonna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Casey Co	ounty		State
	Street Address 1922 N U	JS 127		
	City, State Zip Liberty,	KY 42539		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z( [ ^-		Other
4	Grant Authority (Source):	347	1	
		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$40,851.00	Kentucky Depar	11	<b>Evaluations:</b>
	·	of Education	LITE.	
6	Period of Award:	OF Eddodito	11.0	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13	<b>Special Instructions/Conditions</b>	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):			Date: September 20, 2013
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Caverna	Indpendent		State
	Street Address 1102 N I	Dixie Highway		
	City, State Zip Cave Cit	y, KY 42127		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$13,025.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urs	
6	Period of Award:	OT EGGGGGG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Clay Cou	ınty		State
	Street Address 128 Rich	mond Rd		
	City, State Zip Manches	ter, KY 40962		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337	1	
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$59,935.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	um	
6	Period of Award:	O' Eddoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Clinton C	County		State
	Street Address 2353 N H	ligway 127		⊠ Federal
	City, State Zip Albany, F	XY 42602		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		-
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$30,885.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urn.	
6	Period of Award:	OI Eddoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be so	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
- •	• ` ` ` ` `	Division of Consolidated Plans and Audits		
	l .			

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Corbin II	ndependent		State
	Street Address 108 Roy	Kidd		
	City, State Zip Corbin, I	KY 40701		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z( [ ^-		Other
4	Grant Authority (Source):	347	1	
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$51,863.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITTLE STATE	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Crittende	n County		State
	Street Address 601 West	Elm Street		
	City, State Zip Marion, I	XY 42064		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT		Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$22,912.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	MA.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• ` ` ` ` `	Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient	•	7	Fund Type:
	Agency Name Cumberl	and County		State
	Street Address 810 N M	ain Street		
	City, State Zip Burkesvi	lle, KY 42717		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	The state of the s		Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ^-		Other
4	Grant Authority (Source):		1	
		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$18,097.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	LITTLE ST	
6	Period of Award:	OI Eddcatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• ` ` '	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Danville	Independent		State
	Street Address 152 E M	artin Luther King Blvd		
	City, State Zip Danville	, KY 40422		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ^-		Other
4	Grant Authority (Source):		1	
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$32,799.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	LITTLE STATE	
6	Period of Award:	OI Eddcatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient		7	Fund Type:
	Agency Name Dawson	Springs Indpendent		State
	Street Address 118 E Ar	cadia Avenue		
	City, State Zip Dawson	Springs, KY 42408		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	347		
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$11,486.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	100	
6	Period of Award:	OI Eddeatte		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Edmonso	on County		State
	Street Address 100 Wild	lcat Way		
	City, State Zip Brownsv	ille, KY 42210		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14 - 1 - 1 - 15		
5	Award Amount: \$34,773.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	urs	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	1	7	Fund Type:
	Agency Name Elliott Co	ounty		State
	Street Address PO Box 7	767		
	City, State Zip Sandy Ho	ook, KY 41171		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327	1	_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$19,143.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urb.	
6	Period of Award:	OI Eddoure		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Eminence	e Independent		State
	Street Address 291 W Br	roadway		
	City, State Zip Eminence	e, KY 40019		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	• ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$11,920.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITE	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Oonna Tackett, Director		Date: September 20, 2013
	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		,
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Estill Cou	inty		State
	Street Address 253 Main	Street		
	City, State Zip Irvine, K	Y 40336		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ / / \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	rd and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	١.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	237		
•	• ` '	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$43,831.00	Kentucky Depar	11	<b>Evaluations:</b>
	. ,	of Educatio		
6	Period of Award:	OI Educatio	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	: N/A		•
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	_	<u> </u>		·
14	• ` ` ` ` `	Oonna Tackett, Director		Date: September 20, 2013
		Pivision of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Fleming	County		State
	Street Address 211 W W	Vater St		
	City, State Zip Flemings	burg, KY 41041		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346	4	Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14 - 1 - 1 - 15		
5	Award Amount: \$41,305.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	LITE	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Floyd Co	unty		State
	Street Address 106 N Fro	ont Ave		
	City, State Zip Prestonsb	ourg, KY 41653		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	II	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	33.7	1	
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$111,621.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	un.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Oonna Tackett, Director		Date: September 20, 2013
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Gallatin G	County		State
	Street Address 75 Board	walk Way		
	City, State Zip Warsaw,	KY 41095		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
•	• ` '	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	or EBERT, 8 FORTE EB OF INCT LINES 71,72,000,		
5	Award Amount: \$29,662.00	Kentucky Depar	11	Evaluations:
	. ,	of Educatio		
6	Period of Award:	OI Educatio	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	:: N/A	ı	
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	_	<u> </u>		·
14	<b>Authorized By (Name/Title):</b> D	,		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Garrard C	County		State
	Street Address 322 West	Maple Street		⊠ Federal
	City, State Zip Lancaster	; KY 40444		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ~-		Other
4	Grant Authority (Source):	337	_	
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	, , , , , , , , , , , , , , , , , , , ,		
5	Award Amount: \$44,463.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	100	
6	Period of Award:	OI Editoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	Authorized By (Name/Title): D	Donna Tackett, Director		Data: Santambar 20, 2012
14	• ` ` ` ` `	Division of Consolidated Plans and Audits		Date: September 20, 2013
	L	Division of Consolidated Flans and Addits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Glasgow	Independent		State
	Street Address 1108 Cle	eveland Avenue		
	City, State Zip Glasgow	r, KY 42142		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>			Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J-1 ( ) -		Other
4	<b>Grant Authority (Source):</b>	(1)		
1.	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$35,030.00	Kentucky Depar	11	<b>Evaluations:</b>
	, ,	of Education		
6	Period of Award:	OI EGGGRAG		
	July 1, 2013-September 30, 2015			
		NT/A		
12	Consortia/Partnership Member	S: N/A		
12 13		s: N/A : The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	
	Special Instructions/Conditions  Authorized By (Name/Title):	: The final Federal Cash Request must be su Donna Tackett, Director	ubmi	tted by December 10, 2015.  Date: September 20, 2013
13	Special Instructions/Conditions  Authorized By (Name/Title):	: The final Federal Cash Request must be su	ubmi	

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Graves C			State
	Street Address 2290 Sta	te Rt 121 N		
	City, State Zip Mayfield	, KY 42066		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		( ( A -		Other
4	Grant Authority (Source):	347		
	• ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$83,222.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	100	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	•	
13		: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Grayson			State
	Street Address PO Box 4	4009		
	City, State Zip Leitchfie	ld, KY 42754		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	II	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		-
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$76,808.00	Kentucky Depar	11	<b>Evaluations:</b>
	,	of Education		
6	Period of Award:	OI Eddeatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	u <mark>bmi</mark> t	tted by December 10, 2015.
14	• ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Green Co	ounty		State
	Street Address PO Box 3	369		
	City, State Zip Greensbu	rg, KY 42743		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	327		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$29,701.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urb.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Harlan C	ounty		State
	Street Address 251 Ball	Park Rd		
	City, State Zip Harlan, F	XY 40831		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- × × × × × × × × × × × × × × × × × × ×	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14 - 1 - 1 - 15		
5	Award Amount: \$72,092.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	100	
6	Period of Award:	OT EGGGGGG	1111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Harlan In	dependent		State
	Street Address 420 E Cer	ntral St		
	City, State Zip Harlan, K	Y 40831		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	١.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
-		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	or Eberi, 5 i or it Eb or it ruits 71,75,00,		
5	Award Amount: \$14,387.00	Kentucky Depar	11	<b>Evaluations:</b>
	. ,	of Educatio		
6	Period of Award:	OI Educatio	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	:: N/A		
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	_	<u> </u>		·
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Oonna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Harrison	County		State
	Street Address 308 Web	ester Avenue		
	City, State Zip Cynthian	a, KY 41031		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J-1 ( ) -		Other
4	Grant Authority (Source):	(1)		
_	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$54,804.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• ` ` `	Donna Tackett, Director		Date: September 20, 2013
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Hart Cou	inty		State
	Street Address 25 Quali	ty St		
	City, State Zip Munford	ville, KY 42765		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	16 - 1 - 1 - 1 - 12		
5	Award Amount: \$42,193.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	MA.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	<b>Special Instructions/Conditions</b>	: The final Federal Cash Request must be su	u <mark>bmi</mark> t	tted by December 10, 2015.
1.4	A di Li IID (NI WELL)	D		D 4 G 4 1 20 2012
14	• ` ` `	Donna Tackett, Director		Date: September 20, 2013
	1	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Hazard I	ndependent		State
	Street Address 705 Main	n Street		
	City, State Zip Hazard, 1	KY 41701		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	II	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	3.37		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$16,755.00	Kentucky Depar	11	<b>Evaluations:</b>
	,	of Education	LPS:	
6	Period of Award:	OF EddCatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	u <mark>bmi</mark> t	tted by December 10, 2015.
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Henry Co	ounty		State
	Street Address 326 S Ma	ain Street		
	City, State Zip New Cas	tle, KY 40050		Other:
				-
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ^-		Other
4	Grant Authority (Source):	347		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$39,075.00	Kentucky Depar	11	<b>Evaluations:</b>
	,	of Education	LPS:	
6	Period of Award:	OFEGGGGHG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Hickman	County		State
	Street Address 416 Wate	rfield		
	City, State Zip Clinton, I	XY 42031		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Z / V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):			
-		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	01 20 21 1, 0 1 01 11 22 01 11 1 11 11 11 11 11 11 11 11 11 11 1		
5	Award Amount: \$13,578.00	Kentucky Depar	11	<b>Evaluations:</b>
	. ,	of Education		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	: N/A	•	
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Oonna Tackett, Director		Date: September 20, 2013
		Pivision of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Hopkins	County		State
	Street Address 320 S Ser	minary Street		
	City, State Zip Madisony	ville, KY 42431		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Processiona		
5	Award Amount: \$125,041.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urb.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• ` ` ` ` `	Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Jackson (	County		State
	Street Address Highway	421		
	City, State Zip McKee, I	XY 40447		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- × × × × × × × × × × × × × × × × × × ×	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	3.3		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$38,562.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	um	
6	Period of Award:	OI Eddoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• ` ` ` ` `	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Johnson (	County		State
	Street Address 253 N Ma	ayo Tr		
	City, State Zip Paintsvill	e, KY 41240		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ / V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$67,691.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	um	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• ` ` ` ` `	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	1	7	Fund Type:
	Agency Name Knott Co	unty		State
	Street Address PO Box 8	369		
	City, State Zip Hindman	, KY 41822		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ~-		Other
4	Grant Authority (Source):	327	1	_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$43,358.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urb.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• ` `	Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Knox Co			State
	Street Address 200 Dani	el Boone Dr		
	City, State Zip Barboury	ville, KY 40906		Other:
				-
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- × × × × × × × × × × × × × × × × × × ×	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Awa</b>			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$78,584.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urn.	
6	Period of Award:	O' Eddoutio	1111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
		m 1 Di		D. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
14	Authorized By (Name/Title): I	,		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Laurel Co	ounty		State
	Street Address 718 North	n Main Street		
	City, State Zip London, 1	KY 40744		Other:
				3
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	33.7	1	
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$168,989.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	un.	
6	Period of Award:	OI Eddouro		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Oonna Tackett, Director		Date: September 20, 2013
	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		,
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Lawrence	e County		State
	Street Address PO Box	607		
	City, State Zip Louisa, I	XY 41230		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ^-		Other
4	Grant Authority (Source):	347	1	
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$42,627.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITTLE STATE	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Lee Cour	nty		State
	Street Address PO Box (	668		
	City, State Zip Beattyvil	le, KY 41311		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		( ( A -		Other
4	Grant Authority (Source):	347	1	
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$19,261.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education		
6	Period of Award:	OF EddCatto	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Leslie Co	ounty		State
	Street Address PO Box	949		
	City, State Zip Hyden, F	XY 41749		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z( [ ^ -		Other
4	Grant Authority (Source):		1	
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$32,128.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	LITTLE STATE	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Letcher C	County		State
	Street Address 224 Park	St		
	City, State Zip Whitesbu	rg, KY 41858		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	, , , , , , , , , , , , , , , , , , , ,		
5	Award Amount: \$58,179.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITE	
6	Period of Award:	OFEGGGGGG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
- •	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		25.
	1			

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Lewis Co	ounty		State
	Street Address 96 Plumi	mer Lane		
	City, State Zip Vancebu	rg, KY 41179		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L L L L L L L L L L L L L L L L L L L		Other
4	Grant Authority (Source):	337	1	
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$42,864.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	um	
6	Period of Award:	OT EGGGGGG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Lincoln	County		State
	Street Address 305 Dan	ville Avenue		
	City, State Zip Stanford	, KY 40484		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ^-		Other
4	Grant Authority (Source):	347	1	
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$70,493.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITTLE STATE	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Livingsto	n County		State
	Street Address 127 E Ad	air Street		
	City, State Zip Smithland	d, KY 42081		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	١.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
-	• ` '	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	or EBERT, 8 FORTE EB OF INCT LINES 71,72,000,		
5	Award Amount: \$21,886.00	Kentucky Depar	11	<b>Evaluations:</b>
	. ,	of Educatio		
6	Period of Award:	OI Educatio	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	:: N/A		•
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	_	<u> </u>		·
14	• ` ` ` ` `	Oonna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipients	:	7	Fund Type:
	Agency Name Logan Co	ounty		State
	Street Address 2222 Boy	wling Green Rd		
	City, State Zip Russellvi	ille, KY 42276		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		(		Other
4	Grant Authority (Source):		1	
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$63,764.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• ` `	Donna Tackett, Director		Date: September 20, 2013
	Г	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Lyon Co	unty		State
	Street Address 217 Jenk	ins Road		
	City, State Zip Eddyville	e, KY 42038		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- × × × × × × × × × × × × × × × × × × ×	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	337	1	
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$16,064.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	um	
6	Period of Award:	O' Eddoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	1	7	Fund Type:
	Agency Name Magoffin	County		State
	Street Address 109 Gard	ner Trail		
	City, State Zip Salyersvi	lle, KY 41465		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	II	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$38,483.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urb.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Marion C	County		State
	Street Address 755 E M	ain St		
	City, State Zip Lebanon	, KY 40033		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$57,034.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urs	
6	Period of Award:	OT ECHOUSE	411	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
	A di la la Cara (Total)			D 4 0 0 0010
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	1	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Martin C	ounty		State
	Street Address PO Box 3	366		
	City, State Zip Inez, KY	41224		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l to	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14 - 1 - 1 - 15		
5	Award Amount: \$36,885.00	Kentucky Depar	11	Evaluations:
		of Education	LITE.	
6	Period of Award:	OFEGGGGHG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Mason C	ounty		State
	Street Address PO Box	130		
	City, State Zip Maysvill	e, KY 41056		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l tour	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J (   _ / _		Other
4	Grant Authority (Source):			
•	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	of Lour, 54 CTR LOGING and 11,75,00,		
5	Award Amount: \$50,107.00	Kentucky Depar	11	Evaluations:
	42 3,2 37 40 4	of Education		
6	Period of Award:	OI Educatio	7 11	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
	•			•
14	Authorized By (Name/Title): I	,		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		
	1	Division of Consolidated Flans and Addits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Mayfield	Independent		State
	Street Address 914 East	College Street		
	City, State Zip Mayfield	l, KY 42066		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	II	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	3.37		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	, , , , , , , , , , , , , , , , , , , ,		
5	Award Amount: \$28,379.00	Kentucky Depar	11	<b>Evaluations:</b>
	,	of Education	LPS:	
6	Period of Award:	Oi Eddeatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	u <mark>bmi</mark> t	tted by December 10, 2015.
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name McCreary	County		State
	Street Address 120 Raide	er Way		
	City, State Zip Stearns, F	XY 42647		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	١.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
-		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	or EBERT, 8 FORTE EB OF INCT LINES 71,72,000,		
5	Award Amount: \$52,120.00	Kentucky Depar	11	Evaluations:
	, , , , , , , , , , , , , , , , , , , ,	of Educatio		
6	Period of Award:	OI Educatio	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	:: N/A	•	
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	_	<u> </u>		·
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Oonna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	<b>:</b>	7	Fund Type:
	Agency Name McClean	County		State
	Street Address 283 Main	n Street		
	City, State Zip Calhoun,	, KY 42327		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	347	1	
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$28,675.00	Kentucky Depar	11	<b>Evaluations:</b>
	·	of Education	LITE.	
6	Period of Award:	OF EddCatio	11.0	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	<b>Special Instructions/Conditions</b>	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		Date: September 20, 2013
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Menifee	County		State
	Street Address PO Box	110		
	City, State Zip Frenchbu	org, KY 40322		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	3.27		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$19,557.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	ura.	
6	Period of Award:	OI EGGOURIO		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
<u> </u>				
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Mercer C	County		State
	Street Address 371 E Le	exington Street		
	City, State Zip Harrodsb	ourg, KY 40330		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- × × × × × × × × × × × × × × × × × × ×	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14 - 1 - 1 - 15		
5	Award Amount: \$53,679.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	100	
6	Period of Award:	OT ECHOUNT		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
		m 1 Di		D
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Metcalfe	County		State
	Street Address 109 Sarti	n Drive		
	City, State Zip Edmonto	on, KY 42129		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$27,392.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	um	
6	Period of Award:	OFEGGGGHG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Middlesb	oro Independent		State
	Street Address PO Box 9	959		
	City, State Zip Middlesb	oro, KY 40965		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ / / \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
-		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	or EBERT, 8 FORTE EB OF INCT LINES 71,72,000,		
5	Award Amount: \$23,662.00	Kentucky Depar	11	<b>Evaluations:</b>
	. ,	of Educatio		
6	Period of Award:	OFEGUCATIO	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	:: N/A		•
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	_	<u> </u>		·
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Oonna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Monroe	County		State
	Street Address 309 Emb	perton St		
	City, State Zip Tompkin	sville, KY 42167		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	17	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J - ( ( , ' -		Other
4	Grant Authority (Source):			
•		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	of Estri, 54 CTR Eboric Tarts 11,75,00,		
5	Award Amount: \$33,253.00	Kentucky Depar	11	Evaluations:
	420,200	of Education		
6	Period of Award:	OI Educatio	211	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	1	
13	-	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
	•			•
14	Authorized By (Name/Title): I	Donna Tackett, Director		Date: September 20, 2013
	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		*
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		•

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Montgor	nery County		State
	Street Address 700 Woo	odford Drive		
	City, State Zip Mount S	terling, KY 40353		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346	4 -	Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7 _	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J (   _ / _		Other
4	Grant Authority (Source):	3.37		-
•	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$83,143.00	Kentucky Depar	11	Evaluations:
	1 2 2 4 2 3 4	of Education		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13	-	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	•	·		
	1			Datas Cantambas 20, 2012
14	<b>Authorized By (Name/Title):</b>	· · · · · · · · · · · · · · · · · · ·		Date: September 20, 2013
14	• ` ` ` ′	Donna Tackett, Director Division of Consolidated Plans and Audits		Date: September 20, 2013

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Morgan	County		State
	Street Address 212 Univ	versity Drive		
	City, State Zip West Lib	erty, kY 41472		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346	4 -	Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7 _	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J - ( ( , ' -		Other
4	Grant Authority (Source):			-
•	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	of Louis, 54 CTR LOGING and 11,75,00,		
5	Award Amount: \$37,181.00	Kentucky Depar	11	Evaluations:
	42.723200	of Education		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	1	
13		: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	•			•
14	Authorized By (Name/Title): I	Donna Tackett, Director		Date: September 20, 2013
	• • • • • • • • • • • • • • • • • • • •	•		<u>-</u>
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		•

1	Name and Address of Recipient	:	7	Fund Type:
		ourg County		State
	Street Address 510 Wes	t Main Street		
	City, State Zip Powderly	y, KY 42367		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z( [ ^ -		Other
4	Grant Authority (Source):			
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$92,083.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	100	
6	Period of Award:	OI Eddodiid		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Murray I	ndependent		State
	Street Address 208 S 13	th Street		
	City, State Zip Murray, 1	KY 42071		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$26,978.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	um	
6	Period of Award:	O' Eddoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Nicholas	County		State
	Street Address 395 W M	Iain Street		
	City, State Zip Carlisle,	KY 40311		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	3.27		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$20,268.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITTE .	
6	Period of Award:	O' Eduoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		Date: September 20, 2013
1	Ī	Division of Consolidated Plans and Audits		
		or comsolitation in a radius		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Ohio Co	unty		State
	Street Address 315 E Ui	nion Street		
	City, State Zip Hartford	, KY 42347		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ^-		Other
4	Grant Authority (Source):	347	1	
		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$71,796.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITTLE STATE	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Owen Co	ounty		State
	Street Address 1600 Hig	ghway 22 E		
	City, State Zip Owenton	ı, KY 40359		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	II	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-( ( ^-		Other
4	Grant Authority (Source):	(1)		
-	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	01 2021, 01 0111 22 01111 0100 11,72,000,		
5	Award Amount: \$32,799.00	Kentucky Depar	11	<b>Evaluations:</b>
	. ,	of Educatio		
6	Period of Award:	OI EGGGRAG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Owsley O			State
	Street Address Corner of	f Court and Main		
	City, State Zip Boonevil	le, KY 41314		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14 - 1 - 1 - 15 - 1		
5	Award Amount: \$13,499.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	urs	
6	Period of Award:	OT ECHOLIC		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Paintsvil	le Independent		State
	Street Address 305 2nd	St		
	City, State Zip Paintsvil	le, KY 41240		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l to	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J-11/-		Other
4	Grant Authority (Source):			
•	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$14,466.00	Kentucky Depar	11	Evaluations:
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Education		
6	Period of Award:	OI Educatio	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	•	
13	-	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
	•			<u> </u>
14	Authorized By (Name/Title):			Date: September 20, 2013
	_			
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Pendleto	n County		State
	Street Address 2525 Hig	ghway 27 North		
	City, State Zip Falmoutl	n, KY 41040		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l to	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		( L		Other
4	Grant Authority (Source):	3.37		-
•	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$44,779.00	Kentucky Depar	11	Evaluations:
	1 2 4 2 3 4 2 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4	of Education		
6	Period of Award:	OI Educatio	111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	•	
13	-	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
	•	·		- · ·
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
17	• ` ` `	· · · · · · · · · · · · · · · · · · ·		
17	• ` ` `	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Perry Co	unty		State
	Street Address 315 Park	Ave		
	City, State Zip Hazard, 1	KY 41701		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		×	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	<b>Award Amount: \$72,743.00</b>	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	N/O	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
1.4	A AL . LD (NI //D) I	D		D 4 G 4 1 20 2012
14	• ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipients	:	7	Fund Type:
	Agency Name Pike Cou	nty		State
	Street Address 316 S. M	ayo Tail		
	City, State Zip Pikeville.	, KY 41501		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	77.7	1	
_	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$167,747.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITE.	
6	Period of Award:	OI EddCatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	s: N/A		
13		The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• ` `	Donna Tackett, Director		Date: September 20, 2013
	Г	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Pikeville	Independent		State
	Street Address 148 Second	nd Street		
	City, State Zip Pikeville,	KY 41501		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 40 <mark>2</mark> 7		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ / V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14 - 1 - 1 - 1		
5	Award Amount: \$21,926.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	um	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		
<u> </u>	L			

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Powell C	County		State
	Street Address 691 Brec	kinridge Street		
	City, State Zip Stanton,	KY 40380		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		( ( A -		Other
4	Grant Authority (Source):	347		
	• ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$43,200.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	100	
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	•	
13		: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Pulaski C	county		State
	Street Address 501 East	University Drive		⊠ Federal
	City, State Zip Somerset	, KY 42502		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT		Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // I	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L-( \/-		Other
4	Grant Authority (Source):	237		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$145,190.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	un.	
6	Period of Award:	OI Eddoutio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		
	ı			

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Rockcast	ele County		State
	Street Address 245 Rich	mond Street		
	City, State Zip Mt. Vern	on, KY 40456		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	N	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$51,548.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	100	
6	Period of Award:	OT EGGGGGG	1111	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14	• ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Rowan C	ounty		State
	Street Address 121 East 2	2nd Street		
	City, State Zip Morehead	l, KY 40351		Other:
				3
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	<b>Grant Authority (Source):</b>	327		
	• ` '	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount: \$57,350.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Educatio	urb.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Oonna Tackett, Director		Date: September 20, 2013
	• ` ` ` _ ′	Division of Consolidated Plans and Audits		,
	E	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Russell C	County		State
	Street Address 404 Sout	h Main Street		
	City, State Zip Jamestov	vn, KY 42629		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346	4 -	Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7 _	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J - ( ( , ' -		Other
4	Grant Authority (Source):			-
•		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	of Estri, 54 CTR Eboric Tarts 11,75,00,		
5	Award Amount: \$53,501.00	Kentucky Depar	11	Evaluations:
	420,000	of Education		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	1	
13	-	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	•			•
	A 41 ' 1 D /AT //D'41 \ T	Donna Taalratt Dinastan		Date: September 20, 2013
14	Authorized By (Name/Title): 1	· · · · · · · · · · · · · · · · · · ·		<b>Date.</b> September 20, 2013
14	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		Date: September 20, 2013

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Russellvi	ille Ind		State
	Street Address 355 E Su	mmer Street		
	City, State Zip Russellvi	ille, KY 42276		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J(		Other
4	Grant Authority (Source):	347	1	
	• ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$18,511.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A	•	
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Simpson	County		State
	Street Address 430 South	n College Street		
	City, State Zip Franklin,	KY 42134		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ / / N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):			
-		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$52,791.00	Kentucky Depar	11	<b>Evaluations:</b>
	. ,	of Educatio		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	:: N/A		•
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	_	<u> </u>		·
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Oonna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Somerse	t Independent		State
	Street Address 303 Sour	th College Street		
	City, State Zip Somerse	t, KY 42501		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>			Monthly
	Description	FY14 Title VI-Rural and Low Income	h	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	32.7		
	NCLB, Title VI, Part B, Subpart	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	17 1 1 D		
5	<b>Award Amount: \$28,517.00</b>	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	un.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	Authorized By (Name/Title):	Donna Tackett, Director		Data: Contember 20, 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director  Division of Consolidated Plans and Audits		Date: September 20, 2013
		Division of Consolidated Flans and Addits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Taylor Co	ounty		State
	Street Address 1209 East	t Broadway		
	City, State Zip Campbell	sville, KY 42718		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$48,193.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITE	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	Authorized By (Name/Title):	Oonna Tackett, Director		Date: September 20, 2013
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		,
		1 miles and 1 miles		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Todd Co	unty		State
	Street Address 205 Airp	ort Road		
	City, State Zip Elkton, K	XY 42220		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346	4 -	Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7 _	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J - ( ( , ' -		Other
4	Grant Authority (Source):			-
•	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	of Louis, 54 CTR LOGING and 11,75,00,		
5	Award Amount: \$37,082.00	Kentucky Depar	11	Evaluations:
	42.7532.00	of Education		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		1
13		: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	•			*
14	Authorized By (Name/Title): I	,		Date: September 20, 2013
	-			
	l I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Trimble	County		State
	Street Address 68 Wenty	worth Avenue		
	City, State Zip Bedford,	KY 40006		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	II	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Awa</b>	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	3.37		_
	• ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	, , , , , , , , , , , , , , , , , , , ,		
5	Award Amount: \$25,537.00	Kentucky Depar	11	<b>Evaluations:</b>
	,	of Education	LPS:	
6	Period of Award:	OF EddCatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	u <mark>bmi</mark> t	tted by December 10, 2015.
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Union Co	ounty		State
	Street Address 310 South	n Mart Street		
	City, State Zip Morganfi	eld, KY 42437		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ / / \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
-		of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	or EBERT, 8 FORTE EB OF INCT LINES 71,72,000,		
5	Award Amount: \$41,897.00	Kentucky Depar	11	<b>Evaluations:</b>
	. ,	of Educatio		
6	Period of Award:	OI Educatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	:: N/A		•
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2015.
	_	<u> </u>		·
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Oonna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
		ton County		State
	Street Address 120 Mac	kville Hill Rd		
	City, State Zip Springfie	eld, KY 40069		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14 - 1 - 1 - 15		
5	Award Amount: \$30,451.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urs	
6	Period of Award:	OT EGGGGGG		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Wayne C	County		State
	Street Address 1025 Sou	th Main Street		
	City, State Zip Monticel	lo, KY 42633		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
			9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$45,844.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	urs	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2015.
14	• ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Webster G	County		State
	Street Address 28 State S	Street		⊠ Federal
	City, State Zip Dixon, K	Y 42409		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT		Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l tou	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ~-		Other
4	Grant Authority (Source):	327	1	_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$38,819.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	un.	
6	Period of Award:	OI Eddourio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 10, 2015.			
14	Authorized By (Name/Title):	Donna Tackett, Director		Date: September 20, 2013
		Division of Consolidated Plans and Audits		25.
	1			

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Whitley	County		State
	Street Address 300 Main	n Street		
	City, State Zip Williams	sburg, KY 40769		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		- × × × × × × × × × × × × × × × × × × ×	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>			Monthly
	Description	FY14 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount: \$76,670.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	ura	
6	Period of Award:	OT ECHOUSE	411	
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member			
13	<b>Special Instructions/Conditions</b>	: The final Federal Cash Request must be su	ıbmit	tted by December 10, 2015.
				D. 1. 00.0010
14	• • • • • • • • • • • • • • • • • • • •	Donna Tackett, Director		Date: September 20, 2013
	J	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name William	sburg Independent		State
	Street Address 1000 Ma	nin Street		
	City, State Zip William	sburg, KY 40769		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1 .	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		( L		Other
4	Grant Authority (Source):			
	• • •	1 of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$14,170.00	Kentucky Depar	11	<b>Evaluations:</b>
	ŕ	of Education	100	
6	Period of Award:	OF EddCatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Member	rs: N/A		
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		Date: September 20, 2013
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Williams	town Independent		State
	Street Address 300 Helto	on Street		
	City, State Zip Williams	town, KY 41097		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ / V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY14 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		J-11		Other
4	Grant Authority (Source):			
-	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount: \$16,281.00	Kentucky Depar	11	<b>Evaluations:</b>
	,	of Education	100	
6	Period of Award:	OI Eddcatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2015.
14	• ` `	Donna Tackett, Director		Date: September 20, 2013
	Γ	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Wolfe Co	ounty		State
	Street Address 85 Main	Street		
	City, State Zip Campton	, KY 41301		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791 ext. 4027		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979 ext. 4346		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY14 Title VI-Rural and Low Income	l to	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3504	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		( ( A -		Other
4	Grant Authority (Source):	337	=	_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	, , , , , , , , , , , , , , , , , , , ,		
5	Award Amount: \$22,932.00	Kentucky Depar	11	<b>Evaluations:</b>
		of Education	LITE.	
6	Period of Award:	OI Eddcatio		
	July 1, 2013-September 30, 2015			
12	Consortia/Partnership Members	s: N/A		
13		: The final Federal Cash Request must be su	ubmi	tted by December 10, 2015.
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		Date: September 20, 2013
	I	Division of Consolidated Plans and Audits		